



**15TH ANNUAL
OWENSBORO FAMILY YMCA
TRIATHLON
ENTRY FORM JUNE 10, 2017**



Name: _____
 Age (as of 12/31/2015): _____ Gender: _____
 Birthdate: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 Email: _____
 Emergency Contact: _____
 Phone: _____
 Shirt Size (Circle): S M L XL
 Medical Concerns: _____

EARLY Registration through May 23 (circle)

\$65 Individual \$120 Relay

(Circle)

**Male Female Mixed Corporate Family
 Clydesdale (over 200#) Athena (over 150#)**

LATE Registration May 24-June 8 (circle)

\$80 Individual \$150 Relay

(Circle)

Male Female Mixed Corporate Family

Presented by:



Relay Team Name: _____
 Name: _____
 Age (as of 12/31/2015): _____ Gender: _____
 Birthdate: _____
 Phone: _____
 Emergency Contact: _____
 Phone: _____
 Shirt Size (Circle): S M L XL
 Name: _____
 Age (as of 12/31/2015): _____ Gender: _____
 Birthdate: _____
 Phone: _____
 Emergency Contact: _____
 Phone: _____
 Shirt Size (Circle): S M L XL

WAIVER: I have read the Owensboro Family YMCA Triathlon entry form completely and understand the policies of the events. I know that participating in a triathlon is a potentially hazardous activity. I should not participate unless I am medically able. I understand the nature of, and assume all risks associated with, my voluntary participation in these events, including, but not limited to, falls, contact with other participants, the effects of weather, including extreme temperatures, precipitation, and traffic. Knowing these facts, I for myself, heirs, executors, administrators, or anyone else who might claim on my behalf, covenant no to sue and WAIVE, RELEASE, and DISCHARGE YMCA and Lakewood Valley, and all sponsors affiliated with the YMCA Triathlon and Lakewood Valley, race officials, workers or volunteers, their representatives, successors or assigns for ANY and ALL claims or liability, whether seen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of, my participation in the events. I further grant full permission to the YMCA and the above named businesses and concerns, and/or agents authorized by them to use my photographs, video tapes, motion pictures, or other record of the event for any reasonable purpose.

By signing I agree to the above waiver for myself and/or my dependent(s):

X _____